

## NETWORK or CYBER RISK CLAIM REPORT

(To file a claim with CSD Pool for Data Compromise Liability)

**Important: Completion of this form does not constitute notice of a claim/loss under your coverage.**

*To be completed by the Risk Manager*

Policy Number	Inception Date	Carrier Claim Number	Today's Date	Internal File Nbr	Send Notice to:
---------------	----------------	----------------------	--------------	-------------------	-----------------

*Sections 1 through 6 to be completed by Risk Management Department*

<b>SECTION 1 Contact Information</b>	Insured Contact Person:	Title:	Email:
	Telephone Number:	Mailing Address:	FAX Number:
<b>SECTION 2 Loss or Claim Incident Facts</b>	Location of loss:		Date & Time of the Event or Loss:
	Description of Incident and alleged negligence (add ID details of network devices at issue such as type of device (server), O.S., service or purpose, IP address and serial number):		
	Who was notified within the Insured? (Name, Address, Telephone No.):		
	Date Plaintiff's Law suit Received?		
	How was law suit or claims notice received?		
<b>SECTION 3 Type of Loss</b>	<p><b>Check the type of claim that best describes this incident. Not Everything Listed is Covered</b></p> <p><b>1<sup>st</sup> Party Loss</b></p> <p><input type="checkbox"/> Business interruption (revenue loss)</p> <p><input type="checkbox"/> Data theft or damage</p> <p><input type="checkbox"/> Theft of eMoney</p> <p><input type="checkbox"/> Cyber Extortion</p> <p><b>3<sup>rd</sup> Party Liability</b></p> <p><input type="checkbox"/> Unauthorized Access and Unauthorized Use</p> <p><input type="checkbox"/> Denial of Access or Services (server unavailable)</p> <p><input type="checkbox"/> Computer Virus Transmissions</p> <p><input type="checkbox"/> Privacy Breach (unauthorized access to sensitive client info)</p> <p><input type="checkbox"/> ePublishing Violations: Libel, Slander, Defamation</p> <p><input type="checkbox"/> Intellectual Property Infringement: Copyright, Trademark, Pracy</p> <p><input type="checkbox"/> Other: describe</p>		

<i>This form courtesy of</i>	<b>CONFIDENTIAL</b>	Network Loss or Damage Claim Incident	Page 1 of 2	Last Rev	Revised By
------------------------------	---------------------	--	-------------	----------	------------

## NETWORK or CYBER RISK CLAIM REPORT

(To file a claim with CSD Pool for Data Compromise Liability)

**Important: Completion of this form does not constitute notice of a claim/loss under your coverage.**

<b>SECTION 4 Support &amp; Verification Documentation</b>	<p><i>Attach any incident response, repair invoice or supporting documentation</i></p> <p><b>Examples of supporting documentation, if applicable:</b></p> <ul style="list-style-type: none"> <li>• System &amp; security Logs documenting the event?</li> <li>• Server Serial Number at issue; Operating System in question; IP address?</li> <li>• Service Level Agreement (SLA) if in place?</li> <li>• Spread Sheets tracking internal staff man hours and efforts to remediate?</li> <li>• External consultant (technical expert) reports</li> </ul>		
	<p>Estimated Amount of Loss: Not All Items Listed are Covered</p> <ul style="list-style-type: none"> <li>• Business Interruption <span style="float: right;">\$</span></li> <li>• Legal Expenses? <span style="float: right;">\$</span></li> <li>• Other Expenses                             <ul style="list-style-type: none"> <li>○ Client Notification Costs <span style="float: right;">\$</span></li> <li>○ Outside Technical Experts <span style="float: right;">\$</span></li> <li>○ Internal Staff Overtime Cost <span style="float: right;">\$</span> <span style="margin-left: 20px;">Man Hours</span></li> <li>○ Other <span style="float: right;">\$</span></li> </ul> </li> </ul> <p>TOTAL OF ABOVE: <span style="float: right;">\$</span></p>		
<b>SECTION 5 Comments</b>			
<b>SECTION 6 Report Preparation</b>	Report prepared by:	Telephone No:	Date:

Risk Management Authorization:

Date:

**RETURN COMPLETED FORM TO THE CSD POOL AT [CXCSD@SEDGWICK.COM](mailto:CXCSD@SEDGWICK.COM)**

<i>This form courtesy of</i>	<b>CONFIDENTIAL</b>	Network Loss or Damage Claim Incident	Page 2 of 2	Last Rev	Revised By
------------------------------	---------------------	--	-------------	----------	------------